

**STATE OF INDIANA  
BUREAU OF MOTOR VEHICLES  
DRIVER LICENSING MEDICAL ADVISORY BOARD**

Medical Advisory Board Consultant's recommendation to the Commissioner of the Indiana Bureau of Motor Vehicles:

Based on my review of the medical history and physical examination submitted by:

Patient Name

Current Status

City

Birth Date

Which was performed on  
by:

whom the applicant has identified as his/her personal physician,

\*It is my medical opinion that:

- 1) ☐ The above named applicant apparently **does not** have any medical, physical, mental, or emotional disorder which is likely to interfere with his/her ability to operate a motor vehicle safely.
- 2) ☐ The above named applicant **does** have a medical, physical, mental or emotional disorder which may interfere with his/her ability to operate a motor vehicle safely; however
- a) ☐ applicant's condition appears medically stable at this time and he/she may be able to operate a motor vehicle safely.
- b) ☐ applicant's condition is not currently satisfactorily controlled at this time and should not operate a motor vehicle.
- 3) ☐ There is insufficient data present on the records that I have been given to review to make any professional opinion at this time.

\_\_\_\_\_  
Medical Advisory Board Consultant's Signature

\_\_\_\_\_  
Date

\*[ See Recommendation noted on the reverse side of this form.]

**MEDICAL ADVISORY BOARD CONSULTANT'S RECOMMENDATION TO**  
**THE COMMISSIONER OF THE BUREAU OF MOTOR VEHICLES:**

Notes:

My conclusion is:

For the following reason(s):

Therefore, I recommend

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Medical Advisory Board Consultant's Signature